

**Idaho Health Occupations Students of America**  
**Fall Leadership Conference**  
**October 27-October 28, 2005**

**Red Lion Templin's Hotel On The River, Post Falls**

**Theme:**

**Who Should Attend?**

Chapter Officers and their Chapter Advisors are strongly encouraged to attend. Other chapter members may attend if they wish. Chaperones (at least one for each 10 student members).

**When?**

October 27 & 28, 2005 (Starts at 7:00 p.m. on the 27th and concludes by noon on the 28th). State Student Officers will meet at 10 am on October 27th.

**Where?**

Red Lion Templin's Hotel  
414 East 1<sup>ST</sup> Ave.  
Post Falls, ID 83854-7564  
Phone: 208-773-1611

Room Rates: \$74.95 per night for Single or Double

\$84.95 per night for Triple/Quad

Riverview Rooms are an additional \$20.00.

\*There is an additional tax if the rooms are paid for by individuals. If they will be paid for by your school their tax exempt status will be used.

**NOTE:** Students who are local and do not wish to stay at the Red Lion must pay a \$25.00 fee to cover the costs of the meeting rooms. (Local is defined as living within 20 miles of the conference.

**Rooms must be reserved by September 27<sup>th</sup>, 2005.** After this date, the rate may increase and availability will be on first come first served basis.

**Advisors-Please contact hotel early to arrange tax exempt status and to provide them with a rooming list. They require this information by the 27<sup>th</sup> of September.**

**Chapter Advisors-Contact hotel to arrange rooms, fill out the registration form, registration form is due by October 3, 2005, and return to:**

Boise State University / COAT  
Atten: Suzie Vauk  
1910 University Dr.  
Boise, ID 83725-2005

**NOTE:** This is a new address for mailings to HOSA. The old PMB box is no longer valid.

**Fall Leadership Conference**  
**October 27-28, 2005**  
**AGENDA**

**October 28, 2005**

- 10:00-3:00 p.m. State Student Officers/State Advisor/State Coordinator meetings for planning of SLC and work session.
- 4:15-5:15 p.m. HOSA Board of Director's Meeting
- 5:00 – 6:00 p.m. Room Check-in and Registration
- 6:00 – 7:00 p.m. Dinner on your own-there is a restaurant in the hotel or local fast food in Post Falls (too far to walk)
- 7:00 – 8:30 p.m. Opening Session **(Professional dress required)**
- Introduction of State Officer Team
  - Ice-Breaker Session
  - Review schedule of conference activities
    - Expectations, Goals and Ground-rules
  - Guest Speaker:
- 8:30 – 8:45 p.m. Break (Snacks will be available)
- 8:45 – 10:00 p.m. Business Session (President)
- Overview responsibilities of the Officer Team
  - Review of 2005-2006 Theme & Leadership Goals
  - Information on the National Service Project-Alzheimer's Association and the Memory Walk Team Captain Kit.
  - Important Dates
    - State Leadership Conference
      - April 5-8, 2006, Boise Holiday Inn
    - National Leadership Conference
      - June 21-24, 2005 in Anaheim, CA
  - Pin Contest & Tee-Shirt Contest
  - Teambuilding activity

**CURFEW IS AT 11:00 p.m.**

**ALL students MUST be in their own room at that time.**

**No exceptions!**

**October 24, 2003**

- 6:30 – 8:00 a.m. Fun Walk- Detail TBA- Sack food items will be provided
- 8:15 – 10:30 a.m. Student Leadership Training (Conducted by State Officers)
- Session I: Intro to Parli Pro
  - Session II: HOSA 101
  - Session III: Leadership Training
  - Pin voting- 2 votes per chapter
- Postsecondary Chapter Members Meeting (if possible)
- Chapter Advisors Business Meeting with State Advisor and State Coordinator
- Review Competitive Events for 2006
  - Membership issues and goals for 2005-2006
- 10:30 – 11:00 a.m. Room Check-out

# Idaho Health Occupations Students of America

## Fall Leadership Conference REGISTRATION FORM

October 27-October 28, 2005  
Post Falls, ID

Complete and return **NO LATER THAN October 03, 2005** to:

Boise State University / COAT  
Atten: Suzie Vauk  
1910 University Dr.  
Boise, ID 83725-2005

Chapter Name: \_\_\_\_\_

Chapter Advisor: \_\_\_\_\_

Advisor's Address: \_\_\_\_\_  
\_\_\_\_\_

Advisor's Phone \_\_\_\_\_

☐ Check if the hotel bill will be paid by School District P.O.

Contact Person Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Conference Fees: \$25.00 for EACH person attending.

\$25.00 for EACH local person not staying at the Hotel

### Registrants

Name	Office held	Fee Paid
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

### Amount Enclosed

Number of Conference registrants, including students, advisors, chaperones and guests:

\_\_\_\_\_ X \$25.00 per person = \$\_\_\_\_\_. Number of Local Conference

Registrants Not staying at Hotel \_\_\_\_ x \$25.00 = \$\_\_\_\_\_

Fees are non-refundable

## IDAHO HOSA

### Code of Conduct

A good reputation enables members to take pride in their organizational. IDAHO HOSA members have an excellent reputation. Your conduct at any IDAHO HOSA function should make a positive contribution to the reputation that has been established.

1. Your behavior at all times should be such that it reflects credit to you, your school/college, your state and IDAHO HOSA.
2. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all times. (IDAHO HOSA Conference name badges shall be worn at all times).
3. You are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
4. Members are to report any accidents, injuries or illnesses to their local or state advisor immediately.
5. Members are expected to observe the designated curfew. (Curfew means being in your own room by the designated hour).
6. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages.
7. Members/participants attending the State Leadership Conference may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
8. No weapons of any sort are allowed on student's person, room, transportation or luggage.
9. Smoking is only allowed in designated areas. Show respect to roommates.
10. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
11. Any long distance phone calls, charges to rooms, etc. will be the responsibility of the individual student and/or parents.
12. Members are to abide by the NLC Attire Policy at all business sessions, general sessions, competitive events and other Conference activities.

#### General Sessions Protocol

The general sessions should be enthusiastic but we must not be rude or obnoxious to those in the audience or on stage. It is important to remain seated until the end of the session. Students who do not adhere to general session protocol will be asked to leave the Conference.

I have read the above Code of Conduct for IDAHO HOSA Conferences and agree to abide by these rules.

_____ Print Name of Parent/Guardian	_____ Parent/Guardian Signature	_____ Date
_____ Print Name of Student	_____ Student Signature	_____ Date

**IDAHO HOSA**  
**Medical Liability Release Form**

Directions: Due to legal restrictions, it is necessary that all delegates, parent/guardians, guests and IDAHO HOSA Advisors complete this form to be eligible to attend any IDAHO HOSA Conference. This form should be returned to the IDAHO HOSA chapter advisor who will forward all forms to the appropriate person for the conference in question.

**PLEASE TYPE OR PRINT ALL INFORMATION**

Name: \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Parent/Guardian/Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician Address: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_  
Telephone Number: Home \_\_\_\_\_ Work: \_\_\_\_\_  
Local Advisor: \_\_\_\_\_ School Name: \_\_\_\_\_  
Student is covered by group or medical insurance: \_\_\_\_\_YES \_\_\_\_\_NO  
If yes, complete the following information:  
Name of insured: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Please completely describe any medical condition which may recur or be a factor in medical treatment:  
a. Allergies: \_\_\_\_\_ e. Physical Handicap: \_\_\_\_\_  
b. Convulsions: \_\_\_\_\_ f. Medicine Reactions: \_\_\_\_\_  
c. Blackouts: \_\_\_\_\_ g. Disease of any kind: \_\_\_\_\_  
d. Heart/lung problems: \_\_\_\_\_ h. Other (be specific): \_\_\_\_\_  
If currently taking medication, please provide the following information:  
Name of medication: \_\_\_\_\_ Prescribing Physician/Phone Number: \_\_\_\_\_

**Liability Release,**

I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this conference. I hereby release IDAHO HOSA Board of Directors, State and Local Chapter Advisors, State Division of Professional-Technical Education, and any designated individual in charge of the IHOS group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

**Parent/Guardian: Please check on of the following and sign your name.**

- ☐ I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.
- ☐ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian).

Delegate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **IDAHO HOSA**

## **Advisor's Code of Conduct**

1. IDAHO HOSA Advisors project a positive and professional image of Health Occupations Education and IDAHO HOSA to all those with whom they interact.
2. IDAHO HOSA Advisors promote IDAHO HOSA as a positive student experience, therefore, will act as a positive role model for students in dress, voice, attitude, actions, and demeanor.
3. IDAHO HOSA Advisors are accountable to and for their students in all IDAHO HOSA related activities.
4. IDAHO HOSA Advisors understand and follow established processes within the organization that protect the rights of all members.

IDAHO HOSA advisors are proud of the standard of excellence they maintain for themselves and their students. Attendance at any IDAHO HOSA function implies acceptance and practice of these standards.

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### **Consequences**

1. Verbal reprimand by Idaho HOSA Board of Directors.
2. Written reprimand with a copy to Idaho HOSA State Advisor/Supervisor and local administrator by Idaho HOSA Board of Directors.
3. Recommendation for dismissal from any Conference by the Idaho HOSA Board of Directors Ethics Committee (convened for each occurrence).
4. Recommendation for further action by the Idaho HOSA Board of Directors Ethics Committee.

I HAVE READ THE ABOVE CODE OF ETHICS FOR IDAHO HOSA ADVISORS AND AGREE TO ACCEPT AND PRACTICE THESE STANDARDS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Idaho HOSA Pin Design Contest-2005-2006**

We are going to have the pin contest at Fall Leadership Conference this year to avoid the time crunch for getting them made and the possibility of missing out for Nationals. Please submit your design even though you may not be attending FLC. All will be considered and voted on by the members who attend FLC.

You can return your chapter's design to: Linda Stricklin, 1920 3rd Ave. North, Lewiston, ID 83501. Only designs received before October 20<sup>th</sup> will be entered into the contest.

Each chapter can submit one Pin Design with their registration. Please Insert drawing here-Be sure to mark your design with your chapter name on the back so it can be removed for voting.